

RETURN ADDRESS

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|---|---|
| First Document Title: _____ | |
| Reference Numbers: (Additional Reference Numbers on Page _____ of document | |
| Grantors: _____ | Grantees: _____ |
| _____ | _____ |
| _____ | _____ |
| Additional Grantors on Page _____ of document | Additional Grantees on Page _____ of document |

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|---|---|
| Second Document Title: _____ | |
| Reference Numbers: (Additional Reference Numbers on Page _____ of document | |
| Grantors: _____ | Grantees: _____ |
| _____ | _____ |
| _____ | _____ |
| Additional Grantors on Page _____ of document | Additional Grantees on Page _____ of document |

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|---|---|
| Third Document Title: _____ | |
| Reference Numbers: (Additional Reference Numbers on Page _____ of document | |
| Grantors: _____ | Grantees: _____ |
| _____ | _____ |
| _____ | _____ |
| Additional Grantors on Page _____ of document | Additional Grantees on Page _____ of document |

Legal Description: (abbreviated form: i.e. lot, block, plat or section, township, range, quarter\quarter

Additional legal is on page _____ of document

Assessor's Property Tax Parcel Number: (MUST HAVE 15 DIGITS)

Additional Parcel numbers on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.